FORM **SF-SAC** (3-20-2001)

U.S. DEPT. OF COMM. - Econ. And Stat. Admin. - U.S. CENSUS BUREAU ACTING: AS COLLECTING AGENT FOR OFFICE OF MANAGEMENT AND BUDGET

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AUDITS OF STATES, LOCAL GOVERNM	form for Reporting on NENTS, AND NON-PROFIT ORGANIZATIONS tes on or After January 1, 2001
Complete this form, as required by OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations."	RETURN TO Federal Audit Clearinghouse 1201 E. 10 th Street Jeffersonville, IN 47132
GENERAL INFORMATION (To be com	
1. Fiscal period ending date for this submission	2. Type of Circular A-133 Audit
mm / dd / yy Fiscal Period End Dates Must Be 0.6 3.0 0.3 On or After January 1, 2001	Single audit Program-specific audit
	1 / 2
3. Audit Period Covered	FEDERAL 4. Date Received by
Annual 3 Other: Months	GOVERNMENT Federal clearinghouse USE ONLY
2 Biennial	
If Pari	multiple EINs covered in this report? Yes X No t I, Item 5b = "Yes", complete Part I, Item 5c plate the continuation sheet on Page 4)
## Presented ###	
6. AUDITEE INFORMATION	7. AUDITOR INFORMATION (To be completed by auditor)
a. Auditee name	a. Auditor name
Holmes Community College	Office of the State Auditor
b. Auditee address (Number and street)	b. Auditor address (Number and street)
P.O. Box 369	501 North West Street, Suite 801
City	City
Goodman	Jackson
State Zip+4 Code	State Zip+4 Code
Mississippi 39079 -	MS 39201 -
c. Auditee Contact	c. Auditor Contact
Name	Name
Steve Caldwell	Rodney D. Zeagler
Title	Title
Business Manager	Director, Financial & Compliance Audit
d. Auditee contact telephone	d. Auditor contact telephone
(662) 472 - 9015	(601) 576 - 2672
e. Auditee contact FAX (Optional)	e. Auditor contact FAX (Optional)
(662) 472 - 2909	(601) 576 - 2687
f. Auditee contact E-mail (Optional)	f. Auditor contact E-mail (Optional)
scaldwell@holmescc.edu	www.osa.state.ms.us
- Societies in inconcedu	THAT I SALE CALLED

AUDITEE CERTIFICATION STATEMENT - This is to certify that, to the best of my knowledge and belief, the auditee has: (1) engaged an auditor to perform an audit in accordance with the provisions of OMB Circular A-133 for the period described in Part I, Items 1 and 3; (2) the auditor has completed such audit and presented a signed audit report which states that the audit was conducted in accordance with the provisions of the Circular; and, (3) the information included in Parts I, II, and III of this data collection form is accurate and complete. I declare that the foregoing is true and correct.

Signature of certifying official

Date

Month / Day / Year

Skre Madwul

06 /01 /2004

Printed Name/Title of certifying official

STEVE M CALDWELL, BUSINESS MGR.

AUDITOR STATEMENT - The data elements and information included in this form are limited to those prescribed by OMB Circular A-133. The information included in Parts II and III of the form, except for Part III, Items 8, 9, and 10, was transferred from the auditor's report(s) for the period described in Part I, Items 1 and 3, and is not a substitute for such reports. The auditor has not performed any auditing procedures since the date of the auditor's report(s). A copy of the reporting package required by OMB Circular A-133, which includes the complete auditor's report(s), is available in its entirety from the auditee at the address provided in Part I of this form. As required by OMB Circular A-133, the information In Parts II and III of the form was entered in this form by the auditor based on information included in the reporting package. The auditor has not performed any additional auditing procedures in connection with the completion of this form.

Signature of auditor

Date

Date

th / Day / Yea

Rodney D. Zeagler

09 117 104

	CENEDAL TA	EODM	ATTON Continued			<u> </u>		FII	<u>N:</u>	6460	111	02		
			ATION - Continued	·										
1	Did the auditee expend mo				ds durin T			-			•			
1	Yes - Identify Cogni				2	X No - Skij						·		
) 	Indicate which Federal aw (Mark (X) one box) Howeve	arding a er, if cog	agency provided the particles in particles i	redomina ssigned,	ant amo see ins	ount of direct (ctructions.	und	ing i	n fis	cal ye	ar 2	2000.		
02	Agency for Internationa Development	8 1	Energy	14	Ur	ousing and ban		47		Nationa Founda		ience		
10	Agriculture	6	Environmental			evelopment terior		}	┌─┥.	Transp	a-t-a-t-	ian.		
11	Commerce	6	Protection Agency Federal Emergency			stice		20		Other -				
12	Defense	3	Management Agence Health and Human	·		bor		Į		Juler -	Spe	ciry:		
84	Services " Labor													
	artill FINANCIAL	STATE	MENTS (To be com	nisted i	hy a <i>wli</i>	(Anne)	 -							
1.	Type of audit report? (Ma			protect 2	y auu.									
	1 X Unqualified opinion			on ₃ [Adv	erse opinion			Discl	aimer o	of op	inion		
2.	Is a "going concern" expla						1		Yes	2	X	No		
3.	Is a reportable condition of	isclose	±?			If No,Skip to Item 5	1	х	Yes			No		
4.	Is any reportable condition	n report	ed as a material weak	ness?		to ztom 5	1		Yes	2	x	No		
5.	Is a material noncomplian	ce discl	osed?				1		Yes	2	х	No		
P	art IIII FEDERAL PR	OGRA	MS (To be complete	d by au	ditor)				والمجاد المجادة	***************************************	•			
1.	Type of audit report on ma	jor prog	ram compliance			······································					-			
	1 X Unqualified opinion					erse opinion	4		Disc	aimer	of c	pinion		
2.	Does the auditor's report statements include depart	include :	a statement that the a	auditee's	financia	al ovacadiae								
	greater than \$300,000 in	Federal	awards that have sep-	arate A-:	133 au c	its which		\neg		ĺ				
<u> </u>	are not included in this au						1		Yes	2	Х	No		
3. 4.	What is the dollar thresho Did the auditee qualify as			ype B pr	ograms	i? (§520(b))		\$	Vas	·····		300000		
5.	Is a reportable condition of			m?	·····	If No,Skip	-1	\dashv	Yes	2	Х	No		
	(§510(a)(1))					to Item 7	1		Yes	2	Х	No		
6.	Is any reportable condition				510(a	9)(1))	1		Yes	2		No		
7.	Are any known questioned						1	\dashv	Yes	2	Х	No		
8. 9.	Was a summary Schedule					'	1		Yes	2	X	No		
) J.	Indicate which Federal agfindings shown in the Sur <i>None</i>)	mary S	chedule of Prior Audit	Findings	related	i to direct fun	t Tur ding	iaing J. <i>(Mi</i>	jorp ark (X	rior au) <i>all th</i>	at ap	pply or		
02	Agency for Int'l Development	83	Federal Emergency Management Agency	43		nal Aeronautics & Administration		96		Social Se Administ				
10 23	Agriculture Appalachian	39	General Services Administration	89		al Archives and ds Admin		19		State Franspor	tatio	1		
	Regional Commission	93	Health and Human Services	05	Nation	ial Endowment		21		Freasury				
11 94	Commerce Corp for National and	14	Housing and Urban Development	F	for the	Arts al Endowment		82		Jnited Sinformat		gency		
,,,	Community Service	03	Institute for	06		Humanities		64	—	/eterans				
12 84	Defense Education	15	Museum Services Interior	47	Nation Found	ial Science ation		∾ -	<u></u>	Yone Other - S	Snecif	.		
81	F	16	Justice	07	Office	of National		_		741101 2	opec	,,		
66	Protection Asses	17	Labor Legal Services Corp	59	·	Control Policy Business Admin								
	Each agency identified is requ	ired to re	eceive a copy of the repo	rting pack										
	In addition, one copy each of				•					×				
	 the Federal Audit Clearing and, if not marked above 													
	Count total number of boxes r				-	-				1				

P	art III	FEDERAL	PRO	GR	AMS -	Continued										
10. FED	ERAL AWAR	DS EXPEND	ED	DUI	RING	FISCAL YEAR									11. AUDIT FIN	DINGS
CFDA Number (a) Federal Extension ²		Research and Develop-		id elop-	Name of Federal Program	Amount expended		ect ard	Major Program			Types of compliance requirement(s) ³	Audit finding reference number(s) ⁴			
Prefix ¹ Extension		ISION	ment (b)			(c)	(d)			(e)			(f)	(a)	(b)
84 .	063		1 2	 X	Ye s No	Federal Pell Grant Program	6646414	.00	1 2	x	Yes No	1 2	x	Yes No	0	N/A
84 :	007		1 2	x	Ye s No	Federal Supplemental Educational Opportunity Grant Program	105405	.00	1 2	x	Yes No	1 2	X	Yes No	o	N/A
84 .	032		1 2	×	Ye s No	Federal Family Education Loans	2228126	.00	1 2	x	Yes No	1 2	X	Yes	0	N/A
84 .	033		1 2	×	Ye s No	Federal Work-Study Program	181518	.00	1 2	x	Yes No	i 2	Х	Yes No	0	N/A
84 .	069		1 2	X	Ye s No	Leveraging Educational Assistance Partnership	3674	.00	1 2	×	Yes No	1 2	X	Yes [*]	0	N/A
84 .	042		1 2	×	Ye s No	TRIO - Student Support Services	252472	.00	1 2	X	Yes No	1 2	X	Yes No	0	N/A
84 .	002		1 2	 X	Ye s No	Adult Education - State Administered Basic Grant Program	248177	.00	1 2	X	Yes No	1 2	×	Yes No	0	N/A
84 .	048		1 2	X	Ye s No	Vocational Education - Basic Grants to States	292046	.00	1 2	×	Yes No	1	×	Yes No	0	N/A
84 .	243		1 2	X	Ye s No	Tech-Prep Education	73049	.00	1 2	X	Yes No		×	Yes No	0	N/A
10 .	855		1 2		Ye s No	Rural Health Appropriation	125048	.00	1	1 I	Yes No	1 2	X	Yes No	o	N/A
		TOTA	LF	ED	ERA	AWARDS EXPENDED		.00	IF	ADI ATT	OTTONAL ACH ADD	. ЦИ ПОТТ	S A VAL	RE NEEL PAGES	DED, PLEASE USE TH TO THE FORM, AND S	E EXTRA PAGE 3 FILE, SEE INSTRUCTIONS.

¹See Appendix 1 of instructions for valid Federal Agency two-digit prefixes.

²Or other identifying number when the Catalog of Federal Domestic Assistance (CFDA) number is not available. (See Instructions)

³Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, reportable conditions (including material weaknesses), questioned costs, fraud, and other items reported under §___.510(a)) reported for each Federal program.

EIN: 646011102

	art III	FEDERAL P														
1U. FEC	DERAL AWARI CFDA Number	DS EXPENDE				FISCAL YEAR									11. AUDIT FIN	
Federal Agency Prefix ¹	(a)		Research and Develop- ment		d lop-	Name of Federal Program	Amount expended	Direct award				Mag rog	jor ram	Types of compliance requirement(s) ³	Audit finding reference number(s)4	
Prefix*			(b))	(c)	(d)			(e)			(f)	(a)	(b)
17 .	258		1 2	X	Yes No	Workforce Investment Act - Adult Program	70785	.00	1 2	×	Yes No	1 2	X	Yes No	o	N/A
17 .	260		1 2	 Х	Yes No	Workforce Investment Act - Dislocated Worker	40323	.00	1 2	X	Yes No	1 2	X	Yes No	0	N/A
17 .	245		1 2	x	Yes No	Trade Adjustment Assistance	38572	.00	1 2	x	Yes No	1 2	X	Yes No	0	N/A
93 .	558		1 2	x	Yes No	Temporary Assistance for Needy Families	17992	.00	1 2	 Х	Yes No	1 2	Х	Yes No	О	N/A
			1 2		Yes No			.00	1 2		Yes No	1 2		Yes No		
•			1 2		Yes No			.00	1		Yes No	1 2		Yes No		
ı.			1		Yes No			.00	1		Yes No	1 2		Yes No		
•			1 2		Yes No			.00	1 2		Yes No	1 2		Yes No		
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	endix 1 of instruction		_			AWARDS EXPENDED	10,323,601	.00	IF	ADI	DITIONAL ACH ADD	. ЦИ ПТОІ	S A	RE NEEL PAGES	DED, PLEASE USE THE TO THE FORM, AND S	EXTRA PAGE 3 FILE,

²Or other identifying number when the Catalog of Federal Domestic Assistance (CFDA) number is not available. (See Instructions)

Activities allowed or unallowed Allowable A.

В. costs/cost principles

C. Cash management

D. Davis - Bacon Act

⁴N/A for None

E. Eligibility

F. Equipment and real property management G. Matching, level of effort, earmarking

H. Period of availability of Federal funds

Procurement and suspension and debarment I.

Program Income

Real property acquisition and relocation assistance

Reporting L.

Subrecipient monitoring M.

Special tests and provisions

None

P. Other

³Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, reportable conditions (including material weaknesses), questioned costs, fraud, and other items reported under § ___.510(a)) reported for each Federal program.